STATE OF MAINE



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333-0135
Office: 242 State Street, Augusta, Maine

ffice: 242 State Street, Augusta, Ma Tel: (207)287-4179 FAX: 287-6775

Website: www.maine.gov/ethics

STATEMENT OF SOURCES OF INCOME 1 M.R.S.A. §§ 1016-A et seq.

COVERING THE CALENDAR YEAR JANUARY 1, 2006 THROUGH DECEMBER 31, 2006

_	Richard G. 174 Oakwood	Woodbury Drive	e check the appropriate box and fill in histrict number.
CITY: _			 Member of the Senate, District
ZIP CODE: _	04096		
PHONE NUMBER: _	847-9300		Member of the House, District 107

GENERAL INSTRUCTIONS

Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by:

5:00 p.m. on February 15, 2007.

- 2. The report covers you, your spouse, and your dependent children.
- 3. Report only specific sources of income. Dollar amounts need not be listed.
- 4. Campaign contributions duly recorded as required by law need not be reported in this statement.
- 5. Attach additional sheets if needed. Label attachments with your name, address, and the date.
- 6. Please sign on Page 4.
- 7. The completed statements will be posted as a 'pdf' on the Commission's website.
- 8. State law (1 M.R.S.A. § 1018) requires Legislators to file an updated statement with the Commission within 30 days of any change to the information relating to the preceding year. Additionally, the law (1 M.R.S.A. § 1016-B (2)) requires Legislators to make a supplementary statement to the Commission of any reportable liability within 30 days after it is incurred.

PLEASE KEEP A COPY OF THIS STATEMENT FOR YOUR FILES.

Disclosure statements are made available to members of the public upon request.

Thank you for your cooperation.

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PART I. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER. Name each employer from whom you received compensation of \$1,000 or more. Specify also the principal type of economic activity of each employer.

1. Nakonal Bureau of Frontier Research 1. Nakonal Bureau of Frontier Research 2. 2. 3. 3. PART II. INCOME DERIVED FROM SELF-EMPLOYMENT. (For Legislators who are self-employed.) A. Enter the name and address of your business, if any, and list the major areas of economic activity from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity of that entity. Name and Address. Major Areas of Economic Activity of Business Entity (self) Richard Woodbury Fernamics - Related (onsalling Yermalli, NF Croth 3. 3. Name each source of income derived from self-employment that represents more than 10% of your gross income or \$1,000, whichever is greater, and specify the principal type of economic activity of the entity or person from whom you derived such income. If this form of disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the principal type of economic activity of the entity or person from whom the income was derived. Principal Type of Economic Activity of Entity or Person Who Is the Name of Source Address Address Address Address ART III. MAJOR AREAS OF PRACTICE. (For Legislators who are attorneys-at-law only.) List your major areas of ractice. If associated with a law firm, list the major areas of practice of your firm. Name and Address of Firm Major Areas of Practice (self) Major Areas of Practice (firm)	Name of Employer	A 11	Principal Type of Economic
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(self) (firm)	PART III. MAJOR AREAS OF practice. If associated with a law firm	PRACTICE. (For Legislators who are attornerm, list the major areas of practice of your firm.	ys-at-law only.) List your major areas of
	Name and Address of Firm	1100000	
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PART IV. OTHER SOURCES OF INCOME. Name each source of income of \$1,000 or more not listed in Parts I, II, or III of this form. Do not include gifts. If none, so state.

Name of Source	Address P.O. Box 152.5	Kind of Income
1. Merrill Lynch	Pennington, NJ 08534	Investments
1. Merrill Lynch 2. TO Ameritrade	Pennington, NJ 08534 P.O. Box 2654 Omaha, NE 68165	Investments
PART V. DISCLOSURE OF R \$3,000 or more that you received do not list loans from a relative. If non	EPORTABLE LIABILITIES. List the name aring the reporting period, and list the major arease, so state.	nes of creditors for any unsecured loans of as of economic activity of each creditor. Do
Name of Creditor	Address of Creditor	Principal Type of Economic Activity of Creditor
1. Nonz		· · · · · · · · · · · · · · · · · · ·
		, , , , , , , , , , , , , , , , , , , ,
aggregate value of more than \$300 f	IFTS. Name the specific source of each gift rom a single source. If none, so state. 3	
2.	4.	
	HONORARIA. List the source of any honor	
1. None	3	
2	4	
PART VIII. REPRESENTATION	N BEFORE STATE AGENCIES. Identify eacompensation of any amount. If none, so state.	ach evecutive branch community for a 1:1.
1. None	3	·
	4	
	_	

1. None	2	
PART X. INCOME RECEIVE	ED BY MEMBERS OF IMMEDIATI	E FAMILY.
sometrees) contributing the reporting be	representing each source of income of riod and the kind of income represented by beside sources of income received by	\$1,000 or more received by your spouse or depended. Do not include gifts. Indicate (S) beside sources y dependent(s).
Type of Economic Activity Representing Each Source of Income Received		
· · · · · · · · · · · · · · · · · · ·	<i>(</i> -, \)	Kind of Income
. Ostice Helministratio	<u>~~ (5)</u>	Employment
. Office Administration . Misc. Investments	/Savings (S,D)	Interest, Danderd, Cop. Governs
• <u>-</u>		
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torney General. If the Cor etement or has willfully file terest on every question and	withfully filed a false statement, nmission determines that a Legisd a false statement, the Legislated a false statement, the Legislated shall be precluded from voting d shall not attempt to influence to	rime. If the Commission concludes that it it shall refer its findings of fact to the slator has willfully failed to file a required or shall be presumed to have a conflict of g on any question in committee or in either the outcome of any question. A Legislator
are a minimized to the St. Co	fuired statement is subject to a c a civil action. (1 M.R.S.A. § 1019	ova penaity not to exceed \$1,000, payable t
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o windowy ranks to the a rec	i civii action. (1 M.R.S.A. § 1019	9) $\frac{1/25/U7}{}$